Government of Saskatchewan

Statistical Supplement to the Annual Report for the Year Ending March 31, 1990

Saskatchewan Health

Continuing Care

- Home Care
- Special Care Homes
- Long Term Care in Hospitals

Continuing Care Branch
Saskatchewan Health
3475 Albert Street
Regina, Saskatchewan S4S 6X6
(306) 787-3628

Contents

Description of the Branch and Programs

Continuing Care Branch 5
Home Care Program 5
Special Care Homes Program 6

Tables

1 Long Term Care Beds at March 31, 1990 7

An Overview of Continuing Care Statistics

Figures

1 Percentage of Seniors Who Use Home Care and Special Care Homes Programs 9
2 Percentage of Long Term Care Residents Receiving Light and Heavy Care, 1981-90 10

Home Care Program Statistics

Total Home Care Clients and Services 12

Tables

2 Volume of Home Care Services and Number of Clients Receiving Services 12
3 High Need Client Caseload and Service Volumes 13

Home Care Caseload Characteristics 13

Figures

3 Distribution of Home Care Clients by Sex 13
4 Distribution of Home Care Clients by Age Group 13
5 Distribution of Home Care Clients by Marital Status 13
6 Distribution of Home Care Clients by Living Arrangement 13

Tables

4 Home Care Clients as a Percentage of All District Population, by Age and Sex .. 14
5 Home Care Clients as a Percentage of All District Population, by Age and Sex (Combined Age Groups) 14
6 Home Care Clients as a Percentage of All District Population, by Age and Sex (Cumulative Age Groups) 14
7 Distribution of Home Care Clients by Sex and Marital Status 15
8 Distribution of Home Care Clients and Provincial Population Aged 65 and Over by Sex and Marital Status 15
9 Distribution of Home Care Clients by Sex and Living Arrangement 15
10 Distribution of Home Care Clients by Type of Residence 16

Contents (Concluded)

Home Care Service Utilization 16

Tables

11 Client Distribution and Proportion of Services Utilized, by Age 16
12 Client Distribution and Proportion of Services Utilized, by Sex 16

Special Care Homes Program Statistics

Characteristics of Long Term Care Residents of Special Care Homes and Hospitals at March 31, 1990 17

Figures

7 Distribution of Long Term Care Residents by Sex 17
8 Distribution of Long Term Care Residents by Age 17
9 Distribution of Long Term Care Residents by Marital Status 17
10 Distribution of Long Term Care Residents by Level of Care 17

Tables

13 Long Term Care Residents as a Percentage of Provincial Population, by Age and Sex 18
14 Long Term Care Residents as a Percentage of Provincial Population, by Age and Sex (Combined Age Groups) 18
15 Long Term Care Residents as a Percentage of Provincial Population, by Age and Sex (Cumulative Age Groups) 18
16 Distribution of Long Term Care Residents by Sex and Marital Status 19
17 Distribution of Long Term Care Residents by Age and Marital Status 19
18 Distribution of Long Term Care Residents by Level of Care, March 31, 1989 and March 31, 1990 19

Admissions to Long Term Care in Special Care Homes and Hospitals — April 1, 1989 to March 31, 1990 20

Tables

19 Distribution of Admissions by Admission Type 20
20 New Admissions as a Percentage of Provincial Population, by Age and Sex 21
21 Distribution of New Admissions by Prior Living Arrangements and Sex 21
22 Distribution of New Admissions and Provincial Population Aged 65 and Over, by Marital Status and Sex 22
23 Distribution of New Admissions by Level of Care 22

Discharges From Long Term Care in Special Care Homes and Hospitals — April 1, 1989 to March 31, 1990 23

24 Distribution of Discharges by Reasons for Discharge 23
25 Distribution of Discharges by Alternative Arrangements Upon Discharge 23
26 Length of Stay in Facility of Residents Discharged From Long Term Care 24

Glossary 25

Description of The Branch and Programs

Continuing Care Branch

Continuing Care is responsible for the Home Care and Special Care Homes Programs. The Branch funds the programs, sets and monitors policy and standards, and provides leadership in managing the long term care system. Local boards provide services.

Continuing Care will also be responsible for administering *The Personal Care Homes Act* which was passed in 1989 to ensure the care and safety of residents in privately operated personal care homes. Personal care homes provide accommodation, meals and supervision or assistance with personal care to adults not related to the operator. The Act will be proclaimed when the regulations are finalized.

Continuing Care services are provided to people who need more care and support than can be provided by family and other informal care providers. Services range from occasional support services in the home to full time residential care, and are designed to maximize the individual's physical, social and psychological independence.

Access to Continuing Care services is on an assessed need basis, with the provider agency or facility making final admission decisions. District Coordinating Committees (DCC's) have been formed in most parts of the Province to coordinate assessment and long term care services. These are voluntarily formed committees of representatives from hospital, special care home, home care and housing sectors. Many special care homes rely on DCC's to priorize entry to their long term care beds. Home care districts often perform assessments for DCC's.

Home Care Program

Saskatchewan introduced its comprehensive home care program in 1978. The Program, which is administered under *The Home Care Act*, provides acute, palliative and supportive care to help people remain independent at home. The Home Care Program is intended to supplement and not replace support usually provided by the family and community.

Districts:

The Home Care Program is available in 45 districts in the southern half of the Province, where about 97% of the population lives. Each home care district is served by a non-profit home care corporation with an elected board.

Services in the north are administered by Northern Health Services Branch and are not included in this report.

Services:

Home Care services include:

- Assessment and care coordination — coordinating requests for service; performing assessments to identify needs; care planning; coordinating care; conducting case reviews and reassessments.

- Nursing — nursing assessments, treatments and procedures; ongoing personal care when a nurse is required; teaching and supervising self-care; teaching personal care to family members and supporters; consulting with other professionals and agencies.
- Homemaking — personal care, such as assistance with bathing and grooming, care of bed-bound clients, activation, and routine foot and nail care; home management services, such as household cleaning, meal preparation, laundry and other aspects of operating a household.
- Meals — meals-on-wheels and wheels-to-meals.
- Home maintenance — ılling Saskatchewan Aids to Independent Living Program equipment, handrails and non-skid surfaces; some outdoor tasks essential to the safety of the client.

Volunteers are active in all home care districts. A 1988 Saskatchewan Home Care Association study identified over 18,000 volunteers involved in meal delivery, friendly visiting, transportation, home maintenance, telephone surveillance and office tasks.

Client Fees:

There is no charge for assessment and care coordination, nursing, or volunteer services. Fees for other services are $5 per unit for the first 10 units, plus an income adjusted rate for additional units. A unit is an hour of service or a meal. Maximum monthly charges range from $50 to $300, depending on income.

Funding:

Continuing Care provides formula and target grants to district home care programs. The 1989-90 formula funding for each district was:

- Block funding of $44,940,
- $10 per person,
- $44.78 per person aged 65 and over,
- $85.03 per person aged 75 and over (April to August) and $97.86 per person aged 75 and over (September to March).

In 1989-90 home care grants totalled $26,784,936.

Special Care Homes Program

The Special Care Homes Program, administered under *The Housing and Special-care Homes Act*, provides institutional long term care services to people who need more care and supervision than can be provided in their own homes.

Description of The Branch and Programs (Continued)

Facilities:

Table 1. Long Term Care Beds in Special Care Homes and Hospitals March 31, 1990

Facility Type	Number of Facilities	Number of Beds
Special Care Homes	161	9,618
Hospital Long Term Care Units	8	428
Community Hospitals	87	177
Total	256	10,223

Special care homes range in size from 10 beds to more than 500 beds. While most homes are freestanding units, some of the smaller homes are physically attached to the local hospital and may purchase such services as maintenance, housekeeping, laundry and dietary services from the hospital.

Ninety-five hospitals designate a certain number of beds for persons requiring long term care.

Services:

Special Care Homes and Hospitals provide four levels of care.

Level 1 Residents require some supervisory care; primarily an accommodation rather than a care arrangement.

Level 2 Residents require some supervision and assistance with activities of daily living.

Level 3 Residents require intensive personal or nursing care.

Level 4 Residents require continuous medical care and 24 hour nursing care, but do not require acute hospital care.

People who need level 3 and level 4 care are considered to have heavy care needs. Level 1 care is not insured.

Many special care facilities offer community outreach services. Seventeen facilities have adult day programs, and 72 facilities offer 105 beds for respite care.

Resident Charge:

The monthly resident charge is established under *The Housing and Special-care Homes Care and Rates Regulations*. The monthly charge is adjusted quarterly based on the Old Age Security, Guaranteed Income Supplement and Saskatchewan Income Plan benefits for a single resident. Charges in 1989-90 were:

- April, 1989 ..... $625 per month;
- May to July, 1989 ..... $630 per month;

Description of The Branch and Programs (Concluded)

- August to October, 1989 ..... $639 per month;
- November, 1989 to January, 1990 ..... $651 per month;
- February and March, 1990 ..... $657 per month.

These charges left a single resident on maximum pension with a disposable income that ranged from $107 to $112 per month over the year.

Funding:

Continuing Care provides operating grants to non-profit special care homes based on a budget review. Commercial homes receive a negotiated fee for service. Continuing Care also funds designated long term care beds in hospitals and integrated facilities through the Hospital Services Branch. During 1989-90, Continuing Care provided $209,799,263 in operating grants for institutional long term care.

New Construction and Renovations:

Construction and renovation of special care homes is approved by the Minister of Health. Construction of new and replacement beds for non-profit homes is cost-shared 85% by the Province and 15% by local sponsors. Renovations are funded 50% by the Province and 50% by local sponsors. In 1989-90, 2 major renovation projects and 10 projects involving construction of new beds were approved. In total, there were 12 approved projects affecting 190 beds.

An Overview of Continuing Care Statistics

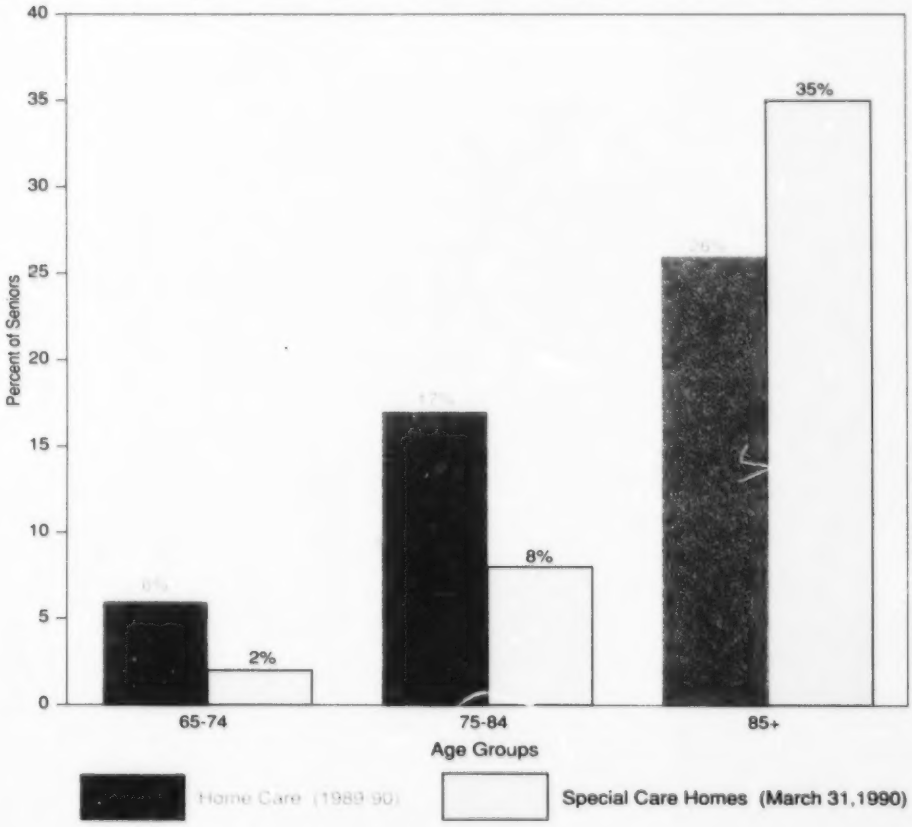
About 82% of seniors live independently, often with the support of families, friends and neighbours, without seeking help from home care or moving into long term care facilities.

About 18% of seniors do use Continuing Care programs. This 18% of seniors is composed of about 11% who live in their homes with the assistance of home care and their families, and about 7% who live in special care homes or hospitals.

Although we tend to think of "seniors" as anyone over the age of 65, the people most likely to need Continuing Care services are much older.

Figure 1 illustrates that the percentage of people using Continuing Care programs increases dramatically in the older age groups. Special Care Homes Program data includes long term care residents of special care homes and hospitals.

Figure 1. Percentage of Seniors Who Use Home Care and Special Care Homes Programs



An Overview of Continuing Care Statistics (Continued)

Home Care serves more people than do long term care facilities in all but the oldest age groups : three times as many aged 65 to 74 and twice as many aged 75 to 84.

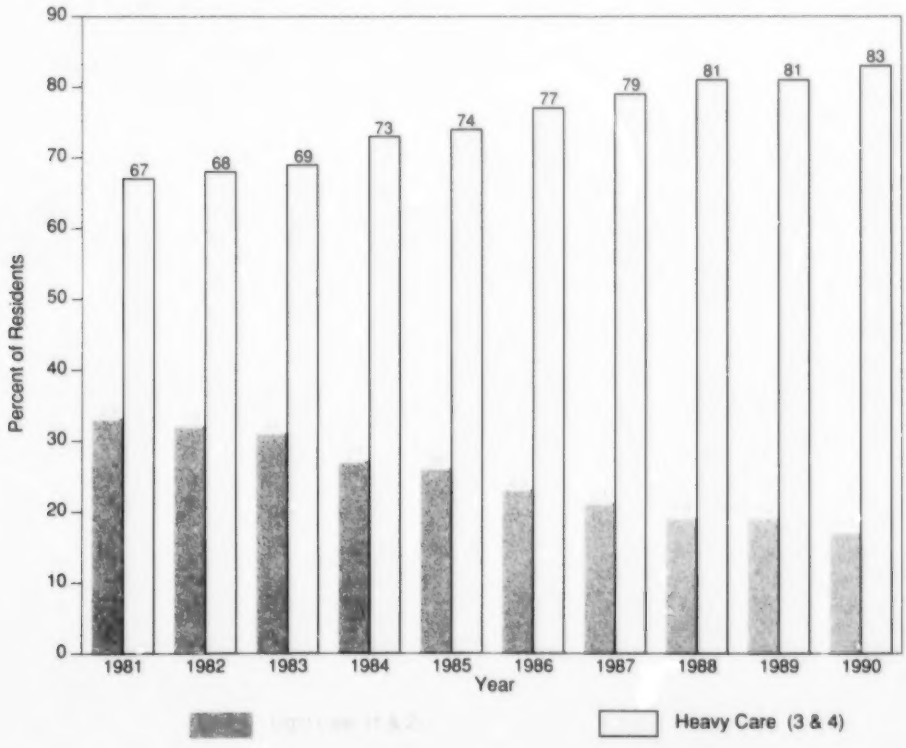
The average age of seniors in Home Care is 79 years. The average age of seniors in special-care homes is 84 years.

Even among the very oldest people in the Province, those aged 85 and over, two thirds live at home. Home Care serves 26% of this age group, and about 39% remain at home without help from Home Care.

While most people who require Continuing Care services are seniors, about 2,900 home care clients (15%) and 800 long term care residents (8%) are under age 65.

Since the introduction of the Home Care Program, long term care facilities have increasingly been used for people requiring heavier care. Figure 2 illustrates this trend.

Figure 2. Percentage of Long Term Care Residents Receiving Light and Heavy Care 1981 to 1990



An Overview of Continuing Care Statistics (Concluded)

About two-thirds of the people using Continuing Care programs are women.

The difference in program use by men and women relates to factors such as:

- the longer life span of women, and
- the tendency of women to be the younger partner in a marriage, and to be available to care for and support their elderly husbands.

In Saskatchewan, women aged 65 and over are much less likely to have a spouse (only 44%) than men aged 65 and over (75%).

The availability of a spouse is a key factor in determining the need for Continuing Care programs when a person loses some functional abilities:

- only 37% of home care clients have a spouse.
- only 28% of people newly admitted to long term care beds have a spouse.

Home Care Program Statistics

The home care section of the report profiles characteristics of the home care caseload and services provided to clients from April 1, 1989 to March 31, 1990.

The report excludes:

- services provided by northern home care agencies funded by the Northern Health Services Branch; and
- services provided to residents of Lloydminster, Alberta under an agreement with the Province of Alberta.

The Home Care Program does not provide service to residents of Indian Reservations since this is a responsibility of the Government of Canada.

All home care tables cover clients who received one or more nursing, homemaking, meal or home maintenance units. A unit is one hour of service or one meal.

Table 2 shows the total number of clients and services. Totals in other tables may vary slightly due to missing data on specific variables.

Population figures are based on Health Insurance Registration Information Systems Branch covered population at June 30, 1989 for the 45 home care districts, unless otherwise specified.

Total Clients and Services

Table 2. Volume of Home Care Services and Number of Clients Receiving Services, 1989-90

Type of Service	Volume of Service		Clients		Average Monthly Clients	
	Units	Percent	Number	Percent	Number	Percent
Nursing	129,889	9.7%	10,028	54.1%	4,792	41.9%
Meals	376,935	28.1%	4,033	21.8%	2,011	17.6%
Home Maintenance	8,367	0.6%	1,212	6.5%	313	2.7%
Homemaking[1]	824,967	61.6%	12,178	65.7%	7,971	69.7%
All Services	1,340,158	100.0%	18,537[2]	—	11,437[2]	—

[1] *185,842 (22.5%) of the homemaking units are personal care units.*
[2] *Some clients receive more than one type of service.*

Home Care provided 1.34 million services to 18,500 clients in 1989-90. Over 11,000 clients were served per month.

Home Care Program Statistics (Continued)

Table 3. High Need Client Caseload and Service Volumes[1] 1989-90

Type of Client	Percent of Services Used	Percent of Client Months[2]	Average Units/ Client Month
High Need Clients	27.4%	4.7%	58.0
Other Clients	72.6%	95.3%	7.5
All Clients	100.0%	100.0%	9.9

[1] *A high need client is a client who receives over $683 service in a month.*
[2] *A client month is a month in which a client receives service. Months in which a client receives no service are excluded.*

High need clients account for only 5% of client months, but use 27% of home care services.

Home Care Caseload Characteristics

Figure 3. Distribution of Home Care Clients by Sex, 1989-90

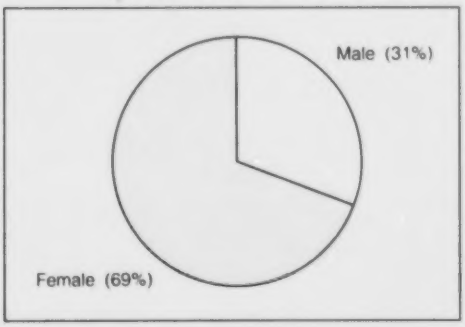


Figure 4. Distribution of Home Care Clients by Age Group, 1989-90

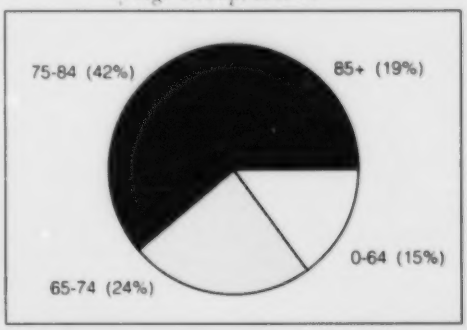


Figure 5. Distribution of Home Care Clients by Marital Status, 1989-90

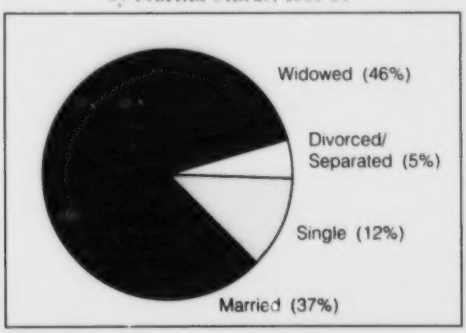
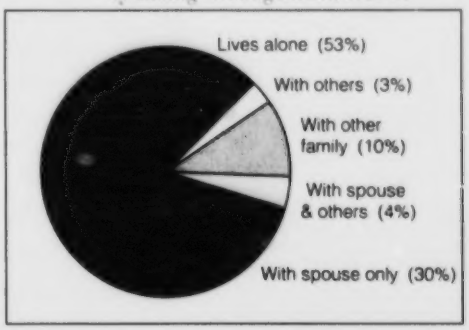


Figure 6. Distribution of Home Care Clients by Living Arrangement, 1989-90



Home Care Program Statistics (Continued)

Table 4. Home Care Clients as a Percentage of All District Population, by Age and Sex[1] 1989-90

Age Group	Males			Females			All		
	Clients	Population	Utilization Rate(%)	Clients	Population	Utilization Rate(%)	Clients	Population	Utilization Rate(%)
0-19	111	146.878	0.1%	101	140.115	0.1%	212	286.993	0.1%
20-39	181	158.766	0.1%	391	150.533	0.3%	572	309.299	0.2%
40-59	420	94.332	0.4%	754	92.654	0.8%	1.174	186.986	0.6%
60-64	335	20.920	1.6%	564	21.689	2.6%	899	42.609	2.1%
65-69	549	19.522	2.8%	1.107	21.441	5.2%	1.656	40.963	4.0%
70-74	811	15.907	5.1%	1.948	18.932	10.3%	2.759	34.839	7.9%
75-79	1.033	11.743	8.8%	2.776	15.318	18.1%	3.809	27.061	14.1%
80-84	1.155	7.222	16.0%	2.715	10.052	27.0%	3.870	17.274	22.4%
85+	1.181	5.129	23.0%	2.367	8.551	27.7%	3.548	13.680	25.9%
Total	5.776	480.419	1.2%	12.723	479.285	2.7%	18.499	959.704	1.9%

Average age of home care clients = 74 years. Average age of clients aged 65+ = 79 years.

[1] *The utilization rate is the percentage of the relevant population (e.g. males aged 0-19) using home care services.*

Table 5. Home Care Clients as a Percentage of All District Population, by Age and Sex (Combined Age Groups) 1989-90

Age Group	Males			Females			All		
	Clients	Population	Utilization Rate(%)	Clients	Population	Utilization Rate(%)	Clients	Population	Utilization Rate(%)
0-64	1.047	420.896	0.2%	1.810	404.991	0.4%	2.857	825.887	0.3%
65-74	1.360	35.429	3.8%	3.055	40.373	7.6%	4.415	75.802	5.8%
75-84	2.188	18.965	11.5%	5.491	25.370	21.6%	7.679	44.335	17.3%
85+	1.181	5.129	23.0%	2.367	8.551	27.7%	3.548	13.680	25.9%
Total	5.776	480.419	1.2%	12.723	479.285	2.7%	18.499	959.704	1.9%

Utilization rates increase with age and are higher for women than for men.

Table 6. Home Care Clients as a Percentage of All District Population, by Age and Sex (Cumulative Age Groups), 1989-90

Age Group	Males			Females			All		
	Clients	Population	Utilization Rate(%)	Clients	Population	Utilization Rate(%)	Clients	Population	Utilization Rate(%)
65+	4.729	59.523	7.9%	10.913	74.294	14.7%	15.642	133.817	11.7%
70+	4.180	40.001	10.4%	9.806	52.853	18.6%	13.986	92.854	15.1%
75+	3.369	24.094	14.0%	7.858	33.921	23.2%	11.227	58.015	19.4%
80+	2.336	12.351	18.9%	5.082	18.603	27.3%	7.418	30.954	24.0%
85+	1.181	5.129	23.0%	2.367	8.551	27.7%	3.548	13.680	25.9%

Home Care Program Statistics (Continued)

Table 7. Distribution of Home Care Clients by Sex and Marital Status 1989-90

Marital Status	Males		Females		All	
	Clients	Percent	Clients	Percent	Clients	Percent
Single	1,269	22.3%	965	7.7%	2,234	12.2%
Married	2,717	47.8%	4,084	32.4%	6,801	37.2%
Widowed	1,304	22.9%	7,011	55.6%	8,315	45.5%
Divorced/Separated	399	7.0%	541	4.3%	940	5.1%
Total	5,689	100.0%	12,602	100.0%	18,291	100.0%

Table 8. Distribution of Home Care Clients and Provincial Population Aged 65 and over, by Sex and Marital Status, 1989-90

Marital Status	Clients Aged 65 and Over			Provincial Population Aged 65 and Over[1]		
	Male	Female	All	Male	Female	All
Single	16.6%	5.7%	9.0%	11.0%	5.9%	8.2%
Married	50.3%	29.0%	35.4%	75.1%	43.5%	57.7%
Widowed	27.2%	62.7%	52.0%	11.8%	49.1%	32.3%
Divorced/Separated	5.8%	2.6%	3.6%	2.1%	1.5%	1.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
(Number)	4,663	10,882	15,485	57,810	70,810	128,620

[1] *Provincial data on marital status is from the 1986 Census of Canada.*

Seniors who are home care clients are far less likely to be married and more likely to be widowed than seniors in the general population. The fact that half of women, but only 12% of men aged 65 and over are widowed may explain why women are more likely to be home care clients.

Table 9. Distribution of Home Care Clients by Sex and Living Arrangement 1989-90

Living Arrangement	Males		Females		All	
	Clients	Percent	Clients	Percent	Clients	Percent
Lives alone	2,465	43.4%	7,298	58.0%	9,763	53.5%
With spouse only	2,225	39.2%	3,241	25.8%	5,466	29.9%
With spouse and others	264	4.6%	507	4.0%	771	4.2%
With other family	517	9.1%	1,256	10.0%	1,773	9.7%
With others	207	3.6%	284	2.3%	491	2.7%
Total	5,678	100.0%	12,586	100.0%	18,264	100.0%

Over half of home care clients live alone. Female clients are more likely than male clients to live alone.

Home Care Program Statistics (Concluded)

Table 10. Distribution of Home Care Clients by Type of Residence, 1989-90

Type of Residence	Clients	
	Number	Percent
House (single family detached)	11,815	64.6%
Apartment (self contained, including attached housing)	6,001	32.8%
Boarding house, rooming house, hotel	90	0.5%
Care home (e.g. approved home, personal care home)	372	2.0%
Total	18,278	100.0%

About two-thirds of clients live in single family houses. Most other clients live in apartments — almost two-thirds of them in senior's housing.

Home Care Service Utilization

Table 11. Client Distribution and Proportion of Services Utilized, by Age 1989-90

Age Group	Percentage of Clients	Percentage of Services Used				
		Nursing	Meals	Home Maintenance	Homemaking	All Services
0-64	15.4%	19.1%	8.8%	10.1%	18.8%	15.9%
65-74	23.9%	23.0%	17.3%	31.4%	21.1%	20.3%
75-84	41.5%	38.0%	42.3%	44.5%	36.1%	38.1%
85+	19.2%	19.9%	31.7%	14.0%	24.0%	25.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
(Number)	18,511	129,854	376,928	8,365	824,940	1,340,087

Home Care's oldest clients tend to use more services than other age groups. The 19% of home care clients aged 85 and over received 26% of all services provided. This same 19% of clients received 32% of meals and 24% of homemaking.

Table 12. Client Distribution and Proportion of Services Utilized, by Sex 1989-90

Sex	Percentage of Clients	Percentage of Services Used				
		Nursing	Meals	Home Maintenance	Homemaking	All Services
Male	31.2%	36.3%	42.5%	22.0%	24.2%	30.5%
Female	68,8%	63.7%	57.5%	78.0%	75.8%	69.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
(Number)	18,524	129,868	376,932	8,365	824,956	1,340,122

Men are more likely than women to use nursing and meal services while women are more likely than men to use homemaking and home maintenance services.

Special Care Homes Program Statistics

This section profiles long term care residents at March 31, 1990; and admissions and discharges during 1989-90.

Population data is based on the Health Insurance Registration Information Systems Branch covered population at June 30, 1989, unless otherwise specified.

Long Term Care Residents of Special Care Homes and Hospitals at March 31, 1990

There were 10,216 long term care residents at March 31, 1990.

Figure 7. Distribution of Long Term Care Residents by Sex, March 31, 1990

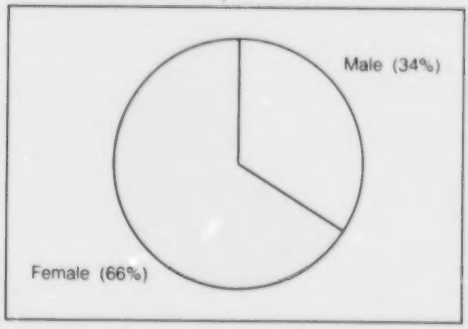


Figure 8. Distribution of Long Term Care Residents by Age, March 31, 1990

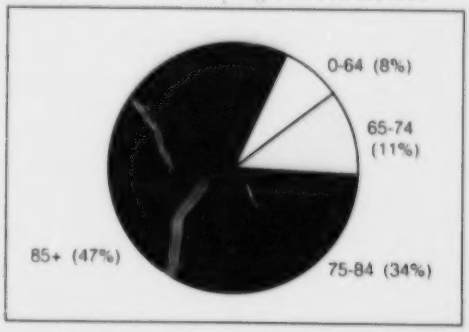


Figure 9. Distribution of Long Term Care Residents by Marital Status, March 31, 1990

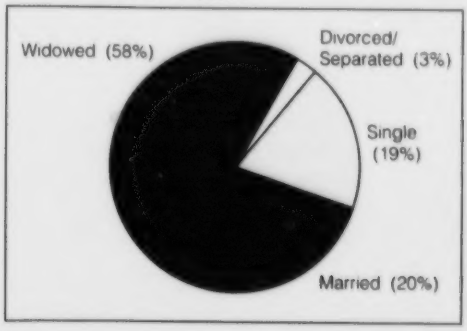
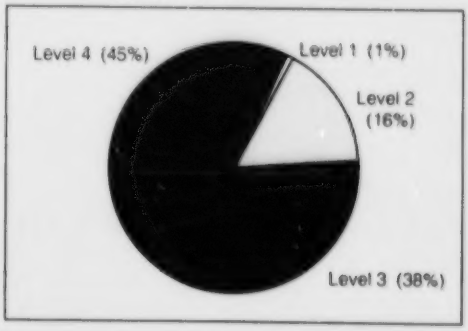


Figure 10. Distribution of Long Term Care Residents by Level of Care, March 31, 1990



Special Care Homes Program Statistics (Continued)

Table 13. Long Term Care Residents as a Percentage of Provincial Population, by Age and Sex[1] March 31, 1990

Age Group	Long Term Care Residents								
	Male			Female			All		
	Number	Population	Utilization Rate(%)	Number	Population	Utilization Rate(%)	Number	Population	Utilization Rate(%)
0-19	4	166,825	< 1%	4	159,424	< 1%	8	326,249	< 1%
20-39	93	171,334	0.1%	75	163,096	< 1%	168	334,430	0.1%
40-59	195	99,016	0.2%	197	97,009	0.2%	392	196,025	0.2%
60-64	122	21,522	0.6%	112	22,301	0.5%	234	43,823	0.5%
65-69	192	19,997	1.0%	207	21,913	0.9%	399	41,910	1.0%
70-74	320	16,222	2.0%	453	19,221	2.4%	773	35,443	2.2%
75-79	493	12,003	4.1%	836	15,559	5.4%	1,329	27,562	4.8%
80-84	665	7,335	9.1%	1,430	10,196	14.0%	2,095	17,531	12.0%
85 +	1,343	5,219	25.7%	3,475	8,670	40.1%	4,818	13,889	34.7%
Total	3,427	519,473	0.7%	6,789	517,389	1.3%	10,216	1,036,862	1.0%

Average Age of Residents = 81.4 years. Average Age of Residents aged 65 and over = 84.1 years.

[1] *The utilization rate is the percentage of the relevant population (e.g. males aged 0-19) who are long term care residents.*

Table 14. Long Term Care Residents as a Percentage of Provincial Population, by Age and Sex (Combined Age Groups) March 31, 1990

Age Group	Long Term Care Residents								
	Male			Female			All		
	Number	Population	Utilization Rate(%)	Number	Population	Utilization Rate(%)	Number	Population	Utilization Rate(%)
0-64	414	458,697	0.1%	388	441,830	0.1%	802	900,527	0.1%
65-74	512	36,219	1.4%	660	41,134	1.6%	1,172	77,353	1.5%
75-84	1,158	19,338	6.0%	2,266	25,755	8.8%	3,424	45,093	7.6%
85 +	1,343	5,219	25.7%	3,475	8,670	40.1%	4,818	13,889	34.7%
Total	3,427	519,473	0.7%	6,789	517,389	1.3%	10,216	1,036,862	1.0%

The percentage of the population who are long term care residents increases with age and is higher for women than men.

Table 15. Long Term Care Residents as a Percentage of Provincial Population, by Age and Sex (Cumulative Age Groups) March 31, 1990

Age Group	Long Term Care Residents								
	Male			Female			All		
	Number	Population	Utilization Rate(%)	Number	Population	Utilization Rate(%)	Number	Population	Utilization Rate(%)
65 +	3,013	60,776	5.0%	6,401	75,559	8.5%	9,414	136,335	6.9%
70 +	2,821	40,779	6.9%	6,194	53,646	11.5%	9,015	94,425	9.5%
75 +	2,501	24,557	10.2%	5,741	34,425	16.7%	8,242	58,982	14.0%
80 +	2,008	12,554	16.0%	4,905	18,866	26.0%	6,913	31,420	22.0%
85 +	1,343	5,219	25.7%	3,475	8,670	40.1%	4,818	13,889	34.7%

Special Care Homes Program Statistics (Continued)

Table 16. Distribution of Long Term Care Residents by Sex and Marital Status March 31, 1990

	Long Term Care Residents					
	Male		Female		All	
Marital Status	Number	Percent	Number	Percent	Number	Percent
Single	1,074	31.3%	789	11.6%	1,863	18.2%
Married	1,169	34.1%	879	12.9%	2,048	20.0%
Widowed	950	27.7%	4,854	71.5%	5,804	56.8%
Divorced/Separated	176	5.1%	171	2.5%	347	3.4%
Other	58	1.7%	96	1.4%	154	1.5%
Total	3,427	100.0%	6,789	100.0%	10,216	100.0%

Table 17. Distribution of Long Term Care Residents by Age and Marital Status March 31, 1990

	Age Group				
	0-64	65-74	75-84	85+	All
Marital Status	Percent	Percent	Percent	Percent	Percent
Single	61.0%	35.2%	16.8%	8.0%	18.3%
Married	17.2%	29.0%	25.4%	14.5%	20.0%
Widowed	9.0%	27.5%	52.8%	74.8%	56.8%
Divorced/Separated	10.0%	6.4%	3.6%	1.4%	3.4%
Other	2.9%	2.0%	1.4%	1.2%	1.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%
(Number)	802	1,172	3,424	4,818	10,216

Table 18. Distribution of Long Term Care Residents by Level of Care March 31, 1989 and March 31, 1990

	March 31, 1989		March 31, 1990	
Level of Care	Residents	Percent	Residents	Percent
Level 1	174	1.7%	152	1.5%
Level 2	1,728	17.0%	1,611	15.8%
Level 3	4,089	40.2%	3,865	37.8%
Level 4	4,189	41.1%	4,588	44.9%
Total	10,180	100.0%	10,216	100.0%

Special Care Homes Program Statistics (Continued)

Admissions to Long Term Care in Special Care Homes and Hospitals (April 1, 1989 to March 31, 1990)

Admissions are divided into three types:

- A "New Admission" is an admission of a person who has **not** been a long term care resident in a special care home or hospital in the two years prior to admission.
- A "Readmission" is an admission of a person who was a long term care resident in a special care home or hospital at some time during the two years prior to admission, but was not a resident immediately prior to admission.
- A "Transfer" is an admission of a person who was a long term care resident in another special care home or hospital immediately prior to admission.

Admission data in this report includes long term care admissions to acute care hospital beds. Admissions to acute care beds for long term care were excluded from admission tables in 1988-89, but were included in earlier reports.

Table 19: Distribution of Admissions by Admission Type 1988-89 and 1989-90

	1988-89 Admissions*		1989-90 Admissions	
Admission Type	Number	Percent	Number	Percent
New Admissions	2,432	72.2%	2,434	72.0%
Readmissions	328	9.7%	323	9.6%
Transfers	609	18.1%	625	18.5%
Total Admissions	3,369	100.0%	3,382	100.0%

** Includes long term care admissions to acute care hospital beds which were not included in the 1988-89 admission tables.*

Most admissions are new admissions from the community.

Special Care Homes Program Statistics (Continued)

Table 20. New Admissions as a Percentage of the Provincial Population, by Age and Sex 1989-90

Age Group	New Admissions					
	Males		Females		All	
	Number	Admission Rate(%)[1]	Number	Admission Rate(%)	Number	Admission Rate(%)
0-64	81	<.1%	72	<.1%	153	<.1%
65-74	173	0.5%	165	0.4%	338	0.4%
75-84	381	2.0%	665	2.6%	1,046	2.3%
85+	350	6.7%	547	6.3%	897	6.5%
Total	985	0.2%	1,449	0.3%	2,434	0.2%

Average age of all new admissions = 80.4.
Average age of new admissions aged 65+ = 82.3.

[1] *The admission rate is the percentage of the relevant population (e.g. males aged 0-19) newly admitted to long term care beds.*

Admission rates, like utilization rates, are highest for the oldest age groups. Most newly admitted people are aged 75 or over.

Table 21. Distribution of New Admissions by Prior Living Arrangement and Sex 1989-90

Living Arrangement Prior to Admission	New Admissions					
	Male		Female		All	
	Number	Percent	Number	Percent	Number	Percent
Lived Alone	309	34.2%	704	51.6%	1,013	44.7%
Lived With Spouse	316	35.0%	180	13.2%	496	21.9%
Lived With Spouse and Others	27	3.0%	10	0.7%	37	1.6%
With Other Family Members	111	12.3%	274	20.1%	385	17.0%
With Others	141	15.6%	196	14.4%	337	14.9%
Total	904	100.0%	1,364	100.0%	2,268	100.0%

About one-third of men and half of women lived alone before admission. Men are much more likely than women to have lived with a spouse prior to admission.

Special Care Homes Program Statistics (Continued)

Table 22. New Admissions Aged 65 and Over as a Percentage of Provincial Population Aged 65 and Over[1], by Marital Status and Sex[2]
1989-90

Marital Status	New Admissions								
	Males			Females			All		
	Number	Population	Admission Rate(%)	Number	Population	Admission Rate(%)	Number	Population	Admission Rate(%)
Single	167	6,380	2.6%	98	4,205	2.3%	265	10,585	2.5%
Married	418	43,390	1.0%	224	30,785	0.7%	642	74,175	0.9%
Widowed	245	6,820	3.6%	955	34,740	2.7%	1,200	41,560	2.9%
Divorced/ Separated	29	1,220	2.4%	15	1,080	1.4%	44	2,300	1.9%
Total	859	57,810	1.5%	1,292	70,810	1.8%	2,151	128,620	1.7%

Provincial marital statistics are from the 1986 Census.
The admission rate is the percentage of the relevant population (e.g. single males) newly admitted to long term care beds.

Table 22 compares the distribution of newly admitted seniors by marital status and sex to the distribution of seniors in the general population of the province. Note that:

- Married people who have a spouse for support are least likely to be admitted to long term care.
- People without spouses, particularly widowed people, are most likely to be admitted.
- Admission rates are the same or higher for men than women for each marital status, but women have a higher overall admission rate because they are much more likely than men to be widowed.

Table 23. Distribution of New Admissions, by Level of Care
1989-90

Level of Care	Number	Percent
Level 1	31	1.3%
Level 2	511	21.0%
Level 3	1,157	47.5%
Level 4	735	30.2%
Total	2,434	100.0%

Three quarters of new admissions need heavy care.

Special Care Homes Program Statistics (Continued)

Discharges from Long Term Care in Special Care Homes and Hospitals (April 1, 1989 to March 31, 1990)

Discharges are from a particular facility and do not necessarily mean the person has left the long term care system. Some individuals are discharged from more than one facility during the year.

Discharge data in this report includes discharges from long term care provided in acute care hospital beds. Discharges from acute care hospital beds were excluded from discharge tables in 1988-89.

Table 24. Distribution of Discharges by Reason for Discharge 1988-89 and 1989-90

Reason for Discharge	1988-89 Discharges*		1989-90 Discharges	
	Number	Percent	Number	Percent
Deceased	1,993	62.3%	2,053	62.9%
Moved Out of Province	28	0.9%	12	0.4%
Resident Request for Transfer	64	2.0%	84	2.6%
Needs Inappropriate for Facility	884	27.7%	916	28.1%
Functional Improvement or Recovery	117	3.7%	96	2.9%
Care Provider Able to Support Resident in Community	111	3.5%	103	3.2%
Total	3,197	100.0%	3,264	100.0%

** Includes long term care discharges from acute care hospital beds which were not included in the 1988-89 discharge tables.*

Table 25. Distribution of Discharges by Alternative Arrangements Upon Discharge 1989-90

Alternative Arrangements Upon Discharge	Discharges	
	Number	Percent
Acute Care Hospital Stay	199	16.4%
Special Care Home or Hospital Level 4 Bed	678	55.9%
Other Care Home (e.g. approved, personal care)	82	6.8%
Home Care and/or Family Support	133	11.0%
Self Care	59	4.9%
Other	61	5.0%
Total Arrangements	1,212	100.0%

Special Care Homes Program Statistics (Concluded)

Table 26. Length of Stay in Facility of Residents Discharged from Long Term Care
1989-90

Length of Stay in years	Discharges from Long Term Care	
	Number	Percent
< 1	1,490	44.5%
1 - 2	473	14.1%
2 - 3	334	10.0%
3 - 4	257	7.7%
4 - 5	187	5.6%
5 - 6	140	4.2%
6 - 7	104	3.1%
7 - 8	77	2.3%
8 - 9	67	2.0%
9 - 10	44	1.3%
10 +	174	5.2%
Total	3,347	100.0%

Average length of stay of a long term care resident in a special care home or hospital is 2.7 years.

Average length of stay of a long term care resident in a special care home is 3.6 years.

Glossary

Admission: A person admitted to long term care in a special care home or hospital.

Admission Rate: The percentage of the population newly admitted to long term care in special care homes and hospitals during the year covered by the report.

All District Population: The population of the forty-five home care districts. Population figures are based on Health Insurance Registration Information Systems Branch covered population at June 30 of the year covered by the report. Residents of Indian reservations are not included in the all district population.

Assessment and Care Coordination Service: The means by which the Home Care program identifies client needs and arranges and maintains appropriate services to clients. The assessment and care coordination service includes coordinating requests for service; conducting initial assessments to identify needs; developing and implementing a care plan; coordinating care to the client on an ongoing basis; and conducting case reviews and reassessments.

Client: A person who received home care nursing, meal, home maintenance and/or homemaking services.

Discharge: A person discharged from the Home Care Program or from long term care in a special care home or hospital.

Heavy Care: Level 3 and 4 care.

High Need Client: A home care client who receives more than $683 worth of service in a month.

Home Maintenance Service: A home care service including installation of Saskatchewan Aides to Independent Living Program equipment, hand rails and non-skid surfaces, and some outdoor tasks essential to the safety of the client.

Homemaking Service: A home care service including personal care and home management. The personal care component includes services such as bathing, grooming, care of bed-bound clients, activation and routine foot and nail care. The home management component includes household cleaning, meal preparation, laundry and other aspects of operating a household.

Hospital: Eight large acute care hospitals have long term care units. Most community hospitals have some long term care residents.

Integrated Facility: A facility combining a hospital and a special care home in a fully integrated operation.

Length of Stay: The length of time a long term care resident resides in a particular hospital or special care home (the time between admission to and discharge from a particular facility).

Glossary (Continued)

Levels of Care: The levels of care provided in special care homes and hospitals are based on the residents' assessed needs.

Level 1 Residents require some supervisory care; primarily an accommodation rather than a care arrangement.

Level 2 Residents require some supervision and assistance with activities of daily living.

Level 3 Residents require intensive personal or nursing care.

Level 4 Residents require continuous medical care and 24 hour nursing care, but do not require acute hospital care.

Long Term Care Resident: A resident of a special care home or hospital receiving level 1, 2, 3 or 4 care.

Meal Service: A home care service including meals-on-wheels in which meals are delivered from an institution, restaurant or private meal provider to the client at home; and wheels-to-meals in which meals are prepared and provided to clients at a central location. Meals-on-wheels are delivered primarily by volunteers.

New Admission: An admission to long term care in a special care home or hospital of a person who has **not** been a long term care resident of a special care home or hospital in the two years prior to the admission.

Nursing Service: A home care service including nursing treatments and procedures, ongoing personal care when a nurse is required, teaching and supervising self-care, and teaching personal care to family members and supporters.

The provision of the nursing service also includes activities undertaken on behalf of the client outside the home, such as consultations with physicians and families and referrals to other agencies. However, the time taken to perform these activities is not included in the calculation of nursing service units for this report.

Other Care Home: Any home other than a licensed special care home which provides supervision, programming and/or personal care to residents for a fee. Other care homes include:

- **Personal Care Homes** which provide accommodation, meals and supervision or assistance with personal care to an adult who is not a relative of the person operating the home. The resident is responsible for the full cost of the care.
- **Private Service Homes** licensed under *The Residential Services Act* to provide lodging, supervision, personal care or individual programming to persons in need of such services.
- **Approved Homes** with a certificate issued under *The Mental Health Act* for the accommodation of patients who are discharged from an in-patient facility or who require the accommodation and supervision that may be provided in the home.

Glossary (Concluded)

Provincial Population: Provincial population figures are based on the Health Insurance Registration Information Systems Branch covered population figures at June 30 of the year covered in the report unless otherwise specified.

Readmission: An admission to long term care in a special care home or hospital of a person who has been a long term care resident of a special care home or hospital within the previous two years, but was not a resident immediately prior to admission.

Special Care Home: A facility licensed under *The Housing and Special-care Homes Act* to provide long term care services. Services provided may include meals, laundry services, activation and assistance with personal care to highly specialized nursing care with 24 hour supervision and rehabilitative therapies.

Transfer: An admission to long term care in a special care home or hospital of a person who was a long term care resident of another special care home or hospital immediately prior to admission.

Unit: In the Home Care program units are defined as follows:

Home Maintenance Service	— 1 hour
Homemaking Service	— 1 hour
Meal Service	— 1 meal
Nursing Service	— 1 hour

Utilization Rate: The percentage of the relevant population (e.g. an age group) who were home care clients during the year or who were long term care residents of special care homes and hospitals at the end of the year.